

Gas Certification Form

O&R Project Number: _____

Municipal Permit Number: _____

of _____, _____, _____, _____
(Installer's Name) (Installer's Company) (License #) (Phone #)

hereby certifies that all gas piping and appliances installed at:

_____ (Customer Name) _____ (Address)

A) meet all installation requirements of: 1) the New York State Fuel Gas Code; 2) the equipment manufacturer; 3) the Orange & Rockland Natural Gas Installation Handbook; 4) the Energy Conservation Construction Code of New York State; and 5) all other applicable state and local laws; and

B) performed a satisfactory leakage test on _____ at a pressure of _____ psi for a duration of _____ minutes.
(Date)

Remarks: _____

Installer's Signature: _____ **Date:** _____

Is Corrugated Stainless Steel Tubing ("CSST") present? YES ____ NO ____.

If YES, I certify that it has been properly bonded to the grounding electrode system of the building:

_____ of _____, _____, _____
(Installer's Name—Print clearly) (Installer's Company) (License #) (Phone #)

Remarks: _____

Installer's Signature: _____ **Date:** _____

The undersigned municipal code official inspected this location on _____, 20____ and found the gas piping and the following installed gas appliances: [check all applicable and indicate how many of each]

stove(____), water heater(____), boiler/furnace(____), clothes dryer(____), gas fireplace(____), other(____) (specify) _____
to be in compliance.

Municipal Inspector's Name: _____ Municipality: _____

Phone Number: _____ Fax Number: _____

Remarks: _____

Municipal Inspector's Signature: _____ **Date:** _____

O&R installed a gas meter and/or activated gas at this premise: YES ____ NO ____

If NO, reason _____

Employee Name: _____ Date: _____
(Print Name)